U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
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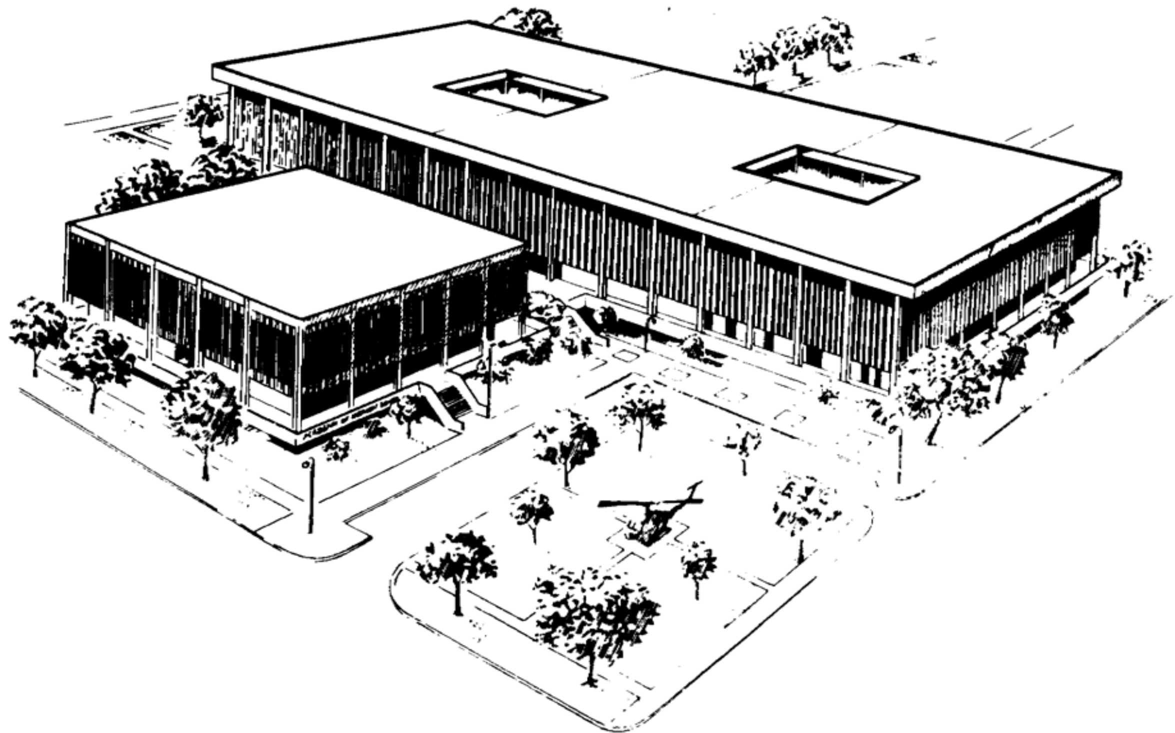

INTRODUCTION TO PRACTICAL NURSING

SUBCOURSE MD0910 EDITION 100

DEVELOPMENT

This subcourse is approved for resident and correspondence course instruction. It reflects the current thought of the Academy of Health Sciences and conforms to printed Department of the Army doctrine as closely as currently possible. Development and progress render such doctrine continuously subject to change.

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ADMINISTRATION

Students who desire credit hours for this correspondence subcourse must meet eligibility requirements and must enroll through the Nonresident Instruction Branch of the U.S. Army Medical Department Center and School (AMEDDC&S).

Application for enrollment should be made at the Internet website: http://www.atrrs.army.mil. You can access the course catalog in the upper right corner. Enter School Code 555 for medical correspondence courses. Copy down the course number and title. To apply for enrollment, return to the main ATRRS screen and scroll down the right side for ATRRS Channels. Click on SELF DEVELOPMENT to open the application and then follow the on screen instructions.

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CLARIFICATION OF TERMINOLOGY

When used in this publication, words such as "he," "him," "his," and "men" 'are intended to include both the masculine and feminine genders, unless specifically stated otherwise or when obvious in context.

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CORRESPONDENCE COURSE OF
THE U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL

SUBCOURSE MD0910

INTRODUCTION TO PRACTICAL NURSING

INTRODUCTION

The purpose of this subcourse is to introduce you to the ASI M6, Practical Nurse. The M6 practical nurse is an important link in the chain of health care providers within the Army Medical Department. The M6 serves in the dual roles of providing expert technical support to professional health care providers, while functioning as an enlisted military leader.

The M6 practical nurse is equivalent to the civilian occupation of licensed practical/vocational nurse. Because the Practical Nurse Course is approved by the Texas Board of Vocational Nurse Examiners, graduates of the course are eligible to apply for licensure examination and take the National Council Licensure Examination (NCLEX) for Practical Nurses. By simply maintaining licensure in the state of your choice, your ASI becomes a civilian occupation that will be available to you at the completion of your military career.

The NCLEX-PN is a one-day, three-hour, computer-based examination designed by the National Council of State Boards of Nursing to test the graduate's ability to practice practical nursing in a safe, effective manner. Licensure is required to maintain the ASI M6.

The M6 Practical Nurse Preparatory Correspondence Course is designed to be studied by the prospective M6. If you have not yet decided to apply for the resident M6 Course, this introductory subcourse will provide you with an overview of the duties, responsibilities, knowledge, and skills required of the practical nurse. With this information, you should be better prepared to decide whether practical nursing is for you. The M6 course is difficult and demanding. Maximum preparation is desirable for successful completion of the resident course. AMEDD personnel expecting to attend the 300-M6 Practical Nurse Course are encouraged to complete the M6 Practical Nurse Preparatory Correspondence Course in advance of resident training. The completion of the M6 correspondence course **does not** result in the awarding of the M6 ASI.

When you have passed all of the subcourses in the M6 correspondence course, a certificate of completion will be awarded to you. You should maintain a copy of this certificate and a copy will be placed in the your official 201 file. (Nonmilitary students should carry or mail a copy of the certificate to the local Directorate of Civilian Personnel for entry in their personnel file.)

The following list of suggested references is offered to assist you with your studies. These references should be available through the learning resource center

and/or the library on your post. You will find them quite helpful as study and resource material during both your correspondence work and resident course work.

FM 21-11, First Aid for Soldiers.

FM 22-100, Army Leadership.

STP 21-1-SMCT Soldier's Manual of Common Tasks SL1.

Hole, J. Jr. Essentials of Human Anatomy &Physiology, 5th Ed. Dubuque, Iowa: Brown: 2000.

Kurzen, C. Contemporary Practical/Vocational Nursing, 3rd Ed. Philadelphia: Lippincott, 1997.

Burton, G. Microbiology for the Health Sciences, 4th Ed. Philadelphia: J.B. Lippincott, 1996.

Krause, A. Food, Nutrition & Diet Therapy, 9th Ed. W.B. Saunders, 1996.

Barry, P. Mental Health & Mental Illness, 7th Ed. Philadelphia: Lippincott, 1998.

Christensen, B. & Kockrow, E. Foundations of Nursing, 3rd Ed. St Louis: Mosby, 1999.

Christensen, B. & Kockrow, E. Adult Health Nursing, 3rd Ed. St Louis: Mosby, 1999.

Rosdahl, Caroline B. Textbook of Basic Nursing, 7th Ed. Philadelphia: Lippincott, 1999.

Scherer, J. Introduction to Medical Surgical Nursing, 7th Ed. Philadelphia: Lippincott, 1999.

Scherer, J. & Roach, S. Introductory Clinical Pharmacology, 6th Ed. Philadelphia: Lippincott, 2000.

Thompson, E.D. and Leifer, G. Introduction to Maternity and Pediatric Nursing, 3rd Ed. Philadelphia: WB Saunders Co., 1999.

Subcourse Components:

This subcourse consists of three lessons and an examination. The lessons are:

Lesson 1. The Practical Nurse in the AMEDD.

Lesson 2. The M6 Practical Nurse Course.

Lesson 3. Duties and Responsibilities of the M6 Practical Nurse

Credit Awarded:

Upon successful completion of this subcourse, you will be awarded 3 credit hours.

Procedures for Subcourse Completion:

You are encouraged to complete the subcourse lesson by lesson. When you have completed all of the lessons to your satisfaction, fill out the examination answer sheet and mail it to the U.S. Army Medical Department Center and School along with the Student Comment Sheet in the envelope provided. *Be sure that your name, rank, social security number, and return address are on all correspondence sent to the U.S Army Medical Department Center and School*. You will be notified by return mail of the examination results. Your grade on the exam will be your rating for the subcourse.

Study Suggestions:

Here are suggestions that may be helpful to you in completing this subcourse:

Read and study each lesson carefully.

Complete the subcourse lesson by lesson. After completing each lesson, work the exercises at the end of the lesson, marking your answers in this booklet.

After completing each set of lesson exercises, compare your answers with those on the solution sheet, which follows the exercises. If you have answered an exercise incorrectly, check the reference cited after the answer on the solution sheet to determine why your response was not the correct one.

As you successfully complete each lesson, go on to the next. When you have completed all of the lessons, complete the examination. Mark your answers in this booklet; then transfer your responses to the examination answer sheet using a #2 pencil.

Student Comment Sheet:

Be sure to provide us with your suggestions and criticisms by filling out the Student Comment Sheet (found at the back of this booklet) and returning it to us with your examination answer sheet. Please review this comment sheet before studying this subcourse.

LESSON ASSIGNMENT

LESSON 1	The Practical Nurse in the AMEDD.
LESSON ASSIGNMENT	Paragraphs 1-1 through 1-17.
LESSON OBJECTIVES	After completing this lesson, you should be able to:

1-1. Describe the mission of the AMEDD in peacetime and during mobilization.

1-2. State the four major functions of the AMEDD.

1-3. Define the health services support area concept.

1-4. Describe the levels of combat health support in the field.

1-5. List the major duties of the practical nurse in the AMEDD.

1-6. Describe the various roles of the M6 practical nurse in the AMEDD.

SUGGESTION	After reading and studying the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

LESSON 1

THE PRACTICAL NURSE IN THE AMEDD

Section I. REVIEW OF THE AMEDD

1-1. THE ARMY MEDICAL DEPARTMENT (AMEDD)

a. The personnel who comprise the Army Medical Department (AMEDD) are assigned to medical units and to positions that call for personnel with specialized health service training. The AMEDD consists of the following.

(1) The Office of The Surgeon General.

(2) The six officer corps.

(a) The Medical Corps (MC).

(b) The Army Nurse Corps (AN).

(c) The Dental Corps (DC).

(d) The Veterinary Corps (VC).

(e) The Medical Service Corps (MS).

(f) The Army Medical Specialist Corps (SP).

(3) Warrant Officers.

(4) Enlisted personnel.

(5) Civilian employees.

(6) AMEDD facilities, supplies, and equipment necessary for the mission.

b. The mission of the Army Medical Department is to maintain the health of the Army and conserve its fighting strength. Care is provided for eligible personnel in peacetime and, at the same time, preparations are made for health support of the Army in time of war, international conflict, or natural disaster. The four major functions of the AMEDD are:

(1) The selection of only the physically and mentally fit persons for military service.

(2) The prevention of unnecessary hazards to the health and efficiency of troops through a health and environment program.

(3) The medical treatment of those who become sick or injured and their prompt return to duty or other disposition as appropriate.

(4) The prompt evacuation of patients from the combat zone to medical treatment facilities designed to provide the type and extent of treatment required.

c. The AMEDD purpose is to provide the U.S. Army with the world's best trained, equipped, and supported leaders, soldiers, and civilians, ready to provide quality health service support in any environment across the operational continuum.

1-2. U.S. ARMY MEDICAL COMMAND

a. The U.S. Army Medical Department Command (MEDCOM) is a major Army command under the direction of Headquarters, Department of the Army. AMEDD personnel are found in all major Army commands (MACOM). MEDCOM's mission is to provide health services for the Army in the continental United States (CONUS) and other areas and organizations as directed by the Chief of Staff, U.S. Army. The MEDCOM has the additional mission of providing medical, dental, and veterinary education and training for AMEDD personnel and other personnel as directed.

b. The AMEDD provides health services to eligible personnel under the area support concept. The territory to which the AMEDD provides health services is divided into seven geographical areas of responsibility. Each of these has been designated as a health service region (HSR). Each HSR contains one U.S. Army Medical Center (MEDCEN). The health service regions are normally subdivided into two or more health service areas (HSA). A health service area is a geographical area for which a single medical treatment facility (MTF) has responsibility for providing health care services to authorized personnel within that area. For example, if a health service region contains a MEDCEN and three MEDDACs, this HSR would be divided into four health service areas. One HSA would have the MEDCEN as its primary MTF and each of the other HSAs would have one of the U.S. Army Medical Department Activities (MEDDAC) as its primary medical treatment facility.

c. A U.S. Army Medical Center (MEDCEN) is a specialized medical treatment and teaching facility that provides general and specialized medical and dental care and treatment. A U.S. Army Medical Department Activity (MEDDAC) is a fixed MTF with associated activities, all of which are responsible for providing health services.

d. Health services for areas not under the AMEDD are provided by AMEDD personnel within other MACOMs. For example, the 7th Medical Command in Heidelberg, Germany, is under the major Army command United States Army, Europe (USAREUR).

1-3. HEALTH SERVICE SUPPORT AREA CONCEPT

a. Under the Health Service Support Areas (HSSA) concept, the MEDCOM coordinates medical care in six regions of the United States with command authority in each region and subordinate commands for dental and veterinary services.

b. In November 1993, subordinate commands for the U.S. Dental Command (DENCOM) and Veterinary Command (VETCOM) were provisionally activated. Under the MEDCOM, Commanders of the Dental Service Support Areas (DSSA) integrate and coordinate dental care within their geographic areas of operation. The DSSA are seven regional organizations that parallel the Health Service Support Areas (HSSA) in the medical arena. The VETCOM controls seven Veterinary Service Support Areas (VSSA), whose boundaries may differ from the HSSA and DSSA because of Defense Department responsibilities.

c. Six medical centers have command and control over medical treatment facilities in their HSSA. These regional organizations are responsible for delivering health care in the AMEDD structure. The HSSAs are headquartered at Walter Reed, Eisenhower, Brooke, William Beaumont, Madigan, and Tripler Army Medical Centers.

1-4. COMBAT HEALTH SUPPORT IN THE FIELD

a. Combat health support (CHS) is provided for the Army in the field in war and peace by the utilization of a variety of medical modules and echelons of care. The medical system is functionally designed to prevent, collect, assess, treat, evacuate, and rehabilitate sick or injured soldiers. The combat health support system is designed to project, sustain, and protect the health of the soldier in war and operations other than war (OOTW). Consistent with strategic and tactical operations, CHS operates across all operational levels, from the forward line of own troops (FLOT) to the continental United States (CONUS) sustaining base. It is a system that provides continuous medical management throughout all echelons of care.

(1) The goals of the Army's CHS system in support of warfighting are to:

(a) Reduce the incidence of disease and nonbattle injuries (DNBI) through sound preventive medicine programs.

(b) Provide medical and surgical treatment for acute illnesses, injuries, or wounds.

(c) Evacuate patients through the echelons of care to the appropriate medical treatment facility (MTF) commensurate with requisite care.

(d) Maintain soldiers on duty or promptly return to duty (RTD) those who have recovered.

(e) Maintain a robust and aggressive science and technology base to enhance all capabilities related to health and the delivery of health care.

(2) These goals are the embodiment of the CHS battle field rules:

(a) Maintain medical presence with the soldier (be there).

(b) Maintain the health of the command.

(c) Save lives.

(d) Clear the battlefield.

(e) Provide state-of-the-art care.

(f) Ensure early return to duty.

b. Combat health support is arranged in levels or echelons of care. Each level of care reflects an increase in capability, yet the functions of each lower level of support are contained within the capabilities of all higher levels. The basic levels of health service support are the unit level, the division level, the corps level, the communication zone (COMMZ) level, and the CONUS support base.

c. The health service support system represents a continuum of care, beginning at the FLOT (forward line of own troops) and ending in the CONUS base. Each soldier is evacuated rearward only to that level of health service support having the medical treatment capabilities necessary to treat that patient's injuries. The objective of health service support in the field is to treat the soldier as far forward as possible and to return him to duty as soon as he is able.

d. Unit and division level medical care organizations are based on a modular design. In the future, modular components will even be employed at the corps and

COMMZ level. The system used at the division level and forward is comprised of six basic models as listed below.

(1) Combat medic. This module consists of one medic with a prescribed load of medical supplies and equipment. Combat medics are assigned to the medical platoon or section of the combat support battalions and are attached to the companies of the battalions as required.

(2) Treatment squad. The treatment squad consists of a primary care physician, a physician assistant (PA), and six medical specialists. The squad is trained and equipped to provide advanced trauma management (ATM) to the battlefield casualties. Advanced trauma management is physician or physician assistant directed care. It is designed to resuscitate and stabilize the patient for evacuation to the next echelon of medical care or to treat and return him to duty. Advanced trauma management provides maximum benefit if received within 60 minutes of injury. To maintain contact with the combat maneuver elements, each squad has two emergency treatment vehicles. Each squad can split into two treatment teams. These squads are organic to medical platoons or sections in maneuver battalions and designated combat support units. This module is the building block of the medical company.

(3) Ambulance squad. The ambulance squad module is comprised of four medical specialists and two ambulances. This squad operates in conjunction with the treatment squad. The squad provides patient evacuation throughout the operational continuum and care in route. Each ambulance carries a medical equipment set (MES) that includes intravenous fluids, oxygen, bandages, and splints, as well as other medical supplies and equipment to enable patient monitoring. In conjunction with the treatment squad, there is the capability to acquire a patient within 30 minutes of wounding, treat the patient, and coordinate for the rapid evacuation to the next level of care. Ambulance squads are organic to medical platoons and sections of maneuver battalions and squadrons, selected combat support units, divisional and nondivisional medical treatment companies, and ground ambulance companies of the medical evacuation battalion.

(4) Area support squad. This module is composed of a dental officer, a dental specialist, an x-ray specialist, a laboratory specialist, and associated medical equipment set (MES). The dentist is trained in advanced trauma management to augment the capabilities of the physician and/or physician assistant during periods of increased treatment requirements. The area support squad is organic to medical companies within the brigade support area, division support area, corps support area, or the COMMZ.

(5) Patient holding squad. This module is composed of practical nurses, medical specialists, and a medical equipment set (MES) specifically designed for the mission of the squad. Each squad is capable of providing limited medical support for minimal care patients who are expected to return to duty within 72 hours. Patient holding squads are assigned to a treatment platoon of the medical company.

(6) Forward surgical team. This module is staffed with two surgeons, two nurse anesthetists, a medical/surgical nurse, two operating room specialists, and two practical nurses. The forward surgical team is organized to provide early resuscitative surgery for seriously wounded or injured patients, to save life, and to preserve physical function. Early surgery is performed whenever a likely delay in the evacuation of a patient threatens life or the quality of recovery. This team collocates with the patient holding squad where postsurgical patients awaiting evacuation are held. The forward surgical team provides the required nursing care. Forward surgical teams are organic to the airborne and air assault divisions. All other surgical modules are called detachments and are not organic to these divisions. Forward surgical team members and their equipment can be transported by helicopter or air dropped, allowing for the provision of emergency surgical care.

e. Modular medical support characterizes Echelons I and II. The system standardizes medical subelements within these units. The modular design of the subelements enables the medical resource manager to rapidly tailor, augment, reinforce, or reconstitute the battlefield in areas of most critical need.

(1) The system is designed to provide emergency medical treatment and dental care, advanced trauma management, and routine sick call for soldiers of supported units. The modular medical support system is built around the six modules organic to division and nondivisional CHS units.

(2) It is oriented toward casualty assessment, collection, evacuation, treatment, and initial surgical resuscitation. When effectively employed, it provides assured flexibility, mobility, and patient care capabilities.

1-5. UNIT LEVEL (ECHELON I)

a. Unit level medical care is initial emergency medical treatment. Immediate far forward care consists of those lifesaving steps that do not require the knowledge and skill of a physician. Three different skill levels of personnel provide the care required in the far forward area.

(1) Self-aid/buddy-aid. Each soldier is trained in a variety of specific first aid procedures, with particular emphasis on the lifesaving tasks. This training enables the soldier or his buddy to apply immediate care in order to prevent or alleviate a life threatening situation.

(2) Combat lifesaver. The combat lifesaver is a non-medical member of a unit, selected by the commander, to receive additional training beyond the basic first aid procedures that are taught to all soldiers. The primary duty of the soldier does not change; additional duties as combat lifesaver are performed as the situation permits. The combat lifesaver assists the combat medic in providing immediate care for injuries. There should be at least one trained combat lifesaver per squad, crew, team, or

equivalent size unit. This training is normally provided by the medical personnel assigned or attached to the unit.

(3) Combat medic. The combat medic is the first individual in the combat health support chain who makes medically substantiated decisions based on military occupational specialty (MOS) specific medical training. The combat medic is trained to the emergency medical technician (EMT) level.

b. Additional unit level care is provided by the battalion aid station.

(1) Personnel and equipment. When required by the tactical situation, the battalion medical platoon has sufficient personnel and equipment for the temporary, simultaneous operation of two aid stations. When a single aid station is operating, the physician (medical platoon leader) supervises the treatment provided in the aid station and also performs emergency medical treatment therein. He is assisted by the physician assistant (PA) and other members of the aid station element. Included in this element are senior emergency medical aidman and medical aidmen, who assist in the treatment of patients, the conduct of sick call, and overall operation of the aid station.

(2) Location. The aid station is established as far forward in the battalion area of operation as the tactical situation permits, generally in the battalion support area. The location of the aid station may be farther forward in the attack than the defense.

1-6. DIVISION LEVEL (ECHELON II)

a. Division level medical support is designed as a modular medical support system that standardizes medical elements throughout the division. It is tactically mobile and responsive to the needs of the division. Division level medical care is rendered at the divisional and nondivisional clearing station.

b. Here the casualty is examined and his wounds and general status are evaluated to determine his priority for continued evacuation to the rear. Emergency care/resuscitation is continued and, if necessary, initial urgent surgery is performed.

c. Limited dental, laboratory, optometry, preventive medicine, and mental health services are also provided at this echelon, in addition to medical resupply of supported forces. These functions are typically performed by medical companies/troops organic to support battalions or divisions, support battalion of separate infantry brigades (SIB), support squadrons of armored cavalry regiments (ACR), and area support medical battalions. These Echelon II units are employed in the combat zone (brigade, division, and corps support areas) and the COMMZ.

1-7. CORPS LEVEL (ECHELON III) AND COMMZ LEVEL (ECHELON IV)

Corps and COMMZ level medical support is provided by units assigned to the corps medical group, medical brigade, or theater Army (TA) medical command. Area medical support is provided by units such as the area support medical battalion, dental battalions, veterinary service units, and preventive medicine units. Facilities are organized and equipped in modules that contain standardized medical equipment sets (MES) or medical material sets (MMS). The mission for the hospital system is two-fold. First, it is designed to maximize return to duty of patients. Second, it provides the necessary treatment to stabilize those patients not expected to return to duty for evacuation within the limits of the theater evacuation policy.

a. **Echelon III Corps Level Hospitals**. At Echelon III, patients are admitted to and treated in the combat support hospital (CSH), which is staffed and equipped to provide care for all categories of patients. Here, patients are treated and held within the parameters of the theater/corps evacuation policy. Patients are either returned to duty or evacuated to an Echelon IV hospital. The CSH is a 296-bed facility and is normally deployed in the corps area.

b. **Echelon IV COMMZ Level Hospitals**.

(1) At Echelon IV, the patients receive medical care in hospitals that are staffed and equipped to provide general and specialized medical care. There are two different hospitals employed at Echelon IV. One is employed to recondition and rehabilitate soldiers who can be returned to duty within theater policy guidelines. The other is employed to treat and stabilize patients destined to be evacuated to Echelon V (CONUS based hospitals).

(a) The general hospital (GH) is a 476-bed hospital that provides care to all classes of patients. The GH is the primary conduit for patients awaiting evacuation to CONUS.

(b) The field hospital (FH) is a 505-bed hospital that is staffed and equipped to treat all categories of patients. However, its principal mission is to treat and rehabilitate those patients who can return to duty within the stated theater evacuation policy.

(2) The medical treatment company receives, sorts, and provides resuscitation and stabilization of patients until evacuated and provides treatment for patients with minor illnesses or injuries. It may be employed to expand hospital capacities or as a holding facility of up to 1200 total cots for minimal care patients. It is 100 percent mobile and is allocated on the basis of one per division supported in the combat zone and one per two divisions supported in the COMMZ.

(3) This echelon characterizes the theater (operational) level combat health support system, which is oriented toward providing support to the forward deployed corps. Echelon IV contains all the services outlined for Echelon III to include theater

medical logistics management and medical laboratory assets. Support for contingency operations is normally initialized at this echelon.

1-8. CONUS SUPPORT BASE (ECHELON V)

a. Echelon V care is generally characterized by definitive care given to all categories of patients. It is provided by CONUS-based Department of Defense (DOD) tri-service hospitals and Department of Veterans Administration (DVA) hospitals. Patients evacuated from the theater of operations who are expected to return within 60 days are admitted to tri-service hospitals to the maximum extent possible. Patients requiring long term care are admitted to Veterans Administration hospitals and civilian hospitals participating in the National Disaster Medical System. During mobilization, the National Disaster Medical System may be activated. Under this system, patients overflowing DOD and DVA hospitals will be cared for in civilian hospitals. Strategic and operational planning and deployment of combat health support system assets also takes place at this level.

b. During peacetime, the bulk of CONUS hospital military personnel are organized into Table of Organization and Equipment (TOE) units which, upon mobilization, deploy to the theater of operations. Reserve Component organizations would then maintain the CONUS hospitals at current operational capacities. The capacities can be expanded through the use of individual mobilization augmentees, draftees, enlistments, and retired recalls. The CONUS peacetime health care structure is designed to provide for wartime readiness and to provide early-on medical assets to the theater of operations.

1-9. OTHER SUPPORT

a. Units that lack an organic medical capability are provided routine and emergency medical treatment on an area support basis. Within corps and echelons above corps (EAC), this service is provided by area support medical battalions, which are organized similar to divisional medical battalions. The battalion consists of medical companies that have a treatment platoon (area support squad, treatment squad, and patient holding squad) and an ambulance platoon. In addition to a normal battalion staff, the headquarters has optometry, preventive medicine, mental health, and medical logistics sections.

b. The ambulance exchange point (AXP) is an intermediate point of patient transfer. Ambulance exchange points are established when threats to air resources prevent evacuation by air from forward units. These points will be established to the rear of the battlefield air support (BAS). During deep operations, these points may be established to ensure that lines of communications of unit/ division/corps level resources are not overextended. The AXP is manned by the maneuver battalion medical platoon and medical company personnel.

1-10. COMMAND, CONTROL, COMMUNICATIONS, COMPUTERS, AND INTELLIGENCE (C^4I)

a. Command, control, communications, computers, and intelligence (C^4I) is the responsibility of medical organizations at all levels of command. Normally C^4I is handled by a medical command, medical brigade, or a medical group. The type of medical C^4I headquarters employed in an operational area is dependent on the size of the deployed force.

b. The medical C^4I headquarters is designed to implement Level II through Level IV combat health support operations across the operational continuum. Combat health support C^4I headquarters employ the principle of "first in--last out." The appropriate medical C^4I headquarters must arrive as lead elements with a deploying force to orchestrate the arrival of medical units into an operational area and they are among the last to leave.

c. The medical C^4I headquarters has sophisticated automation hardware and software as well as assured communications. Based on intelligence analysis, medical C^4I staff articulates priorities, synchronize operations, and ensure uninterrupted medical support to the medical units. Automation, communications, and command and control procedures must allow for interface among Army systems, among all levels of command, among other services, and (when feasible) among supported allied forces. Automated data processing systems aid in patient accountability, tracking the movement of patients/casualties across the battlefield, regulating patients into and out of theater hospitals, and management of health service logistics systems.

Section II. THE ROLE OF THE M6

1-11. HEALTH CARE TEAM

a. As a Department of the Army practical nurse, you will be one of the members of a group of people involved in the care of the patient--the health care team. Any person involved with the health and welfare of the patient is a member of the health care team. The needs of the patient will dictate who the primary team members will be. All of the following may be team members: the patient, the patient's family, the nursing staff, the physicians, the social workers, the physical therapists, the dieticians, the occupational therapists, the chaplains, and the administrative support staff.

b. Whether you find yourself working in a large MEDCEN or in a field unit, you are still a health care provider and a crucial member of the health care team.

1-12. PRACTICAL NURSING

Department of the Army practical nursing encompasses a wide range of nursing skills and military leadership responsibilities. The major duties of the practical nurse are to perform preventive, therapeutic, and emergency nursing care procedures; to manage other paraprofessional personnel; and to manage ward or unit operations. (These duties will be discussed in Lesson 3.) Specific duties performed and skills required will depend upon your rank, skill level, and current duty assignment. 91WM6s are the primary enlisted personnel performing nursing care duties at the various levels of health care. Therefore, the practical nurse must always be proficient in providing basic practical nursing care to a variety of patients during peacetime and during mobilization. Additionally, the practical nurse must always be able to function as an effective and efficient soldier, demonstrating proficiency in the common soldier tasks and exercising the principles of military leadership. The following paragraphs discuss the health care roles filled by the M6 practical nurse.

1-13. THE M6 PRACTICAL NURSE

The M6 practical nurse may work in a ward, unit, or clinic setting. The types of duties performed and skills required will depend upon the workplace and its immediate mission. Duties performed may be very specialized, as in a neonatal intensive care unit or thoracic surgery ward, or may be very broad, as on a multi-service medical-surgical ward. The practical nurse works as a staff member giving direct patient care under the supervision of a professional nurse while, at the same time, supervising subordinates. The M6 practical nurse is concerned not only with direct nursing care, but with health teaching; patient comfort and safety; clerical administration such as admissions, discharges, consultations and referrals; and the requisition and maintenance of supplies and equipment. At each higher grade and skill level, the M6 practical nurse assumes increased supervisory and managerial responsibilities. As administrative duties increase, time spent in direct patient care will consequently decrease. Rather than perform direct patient care, the senior practical nurse will supervise and instruct subordinates in patient care techniques.

1-14. THE M6 PRACTICAL NURSE AS MANAGER

Any M6 practical nurse may be utilized as a manager. Senior enlisted supervisors will delegate selected administrative, logistical, or supervisory tasks to designated subordinates so that the individual has the opportunity to learn, under supervision, tasks needed to master the next skill level. These "mini-management" experiences help to prepare the practical nurse for future duty positions.

a. Management experience prepares practical nurses to be Senior Clinical NCOs or Clinical NCOs. These positions are normally held by an E6, E7, or E8 who will manage that particular ward, unit, or section and supervise all paraprofessional personnel assigned to that area. This supervisory experience, in turn, will further prepare the soldier for positions of higher responsibility.

b. Some practical nurses in grades E8 and E9 are utilized as chief clinical NCOs while those in grades E7 and E8 may serve as assistant chief clinical NCO. These assignments involve supervising the entire staff of enlisted personnel within the medical facility's Department of Nursing. As the senior nursing NCO, the practical nurse has the responsibility for the operation of all areas of the hospital involved with providing some form of nursing care. Needless to say, much of this responsibility is shared by the clinical NCOs and NCOs within the department.

c. A great amount of authority is delegated to subordinate supervisors. It is up to each practical nurse supervisor to ensure that his subordinate supervisors and subordinate workers are performing to standards. You can see that each management experience assists in preparing the individual to manage larger and more complex areas and larger numbers of personnel. An E5 in charge of a small clinic with one or two personnel could eventually find himself as an E8 in the position of Chief Clinical NCO at a MEDCEN.

1-15. THE M6 PRACTICAL NURSE IN THE FIELD

Yes, M6 practical nurses are found in "field" units. You may be the "medic" that will accompany a platoon to combat or the "aidman" on a MEDEVAC helicopter.

a. M6 practical nurses are utilized in the field type hospitals just as in any other hospital. M6 practical nurses are needed to staff the wards and serve as clinical NCOs and section NCOs. There are positions for a chief clinical NCO and an assistant chief clinical NCO. As in a regular hospital, these positions are filled by practical nurses. Any field unit that has patient holding capabilities may utilize practical nurses.

b. When a field medical element is not operational, it will be engaged in various levels of training for mobilization. Mobilization training means readiness training. The unit as a collective group, the elements within the group, and the individuals within each element must all be thoroughly prepared for mobilization on short notice. Training to achieve this readiness involves all aspects of operations in any given unit. Individuals must be proficient in their MOS/ASI and common soldier tasks. Each work center, no matter what its function, must be able to perform as a cohesive element. All the individual work centers must be able to work with the other elements of the unit in order to accomplish the mission. If any element or any individual is unprepared, the integrity of the entire unit is compromised. Training, then, is accomplished on varying levels, from individual training to unit training. A very large part of being assigned to a field unit is being involved in the process of training for mobilization.

1-16. SPECIAL OPTIONS FOR THE M6 PRACTICAL NURSE

a. Upon completion of an approved faculty development or instructor training course of instruction, the M6 practical nurse will be awarded the special qualification identifier (SQI) of "H," which designates instructor qualification. Practical nurses are authorized to be utilized as instructors in a number of settings. As a service school

instructor, the practical nurse may instruct soldiers in an MOS/ASI producing course utilizing the classroom, the hospital, and/or the field as educational settings. Examples are advanced individual training (AIT) for MOS 91W or ASI M6. M6 practical nurses are also utilized as enlisted instructors in the Nursing Education and Staff Development (NESD) section of Army hospitals. As a practical nurse assigned to NESD, you will be involved in preparing, presenting, and supervising various types of training. The larger the hospital, the more diversified the activities of NESD. In a small MEDDAC, for example, the entire NESD operation may be run by one M6. At a MEDCEN, however, NESD may be organized into many sections and staffed by a large number of AN officers and AMEDD enlisted personnel. Some of the functions of the NESD are to conduct in-service training, manage continuing education for nursing personnel, and provide cardiopulmonary resuscitation (CPR) certification training. Many MEDDACs and MEDCENs are sites for Phase II training for MOS producing courses such as 91D or ASI M6. NESD may be the coordinating liaison or managing office for these Phase II instruction sites and may be involved in the training process.

b. An additional skill identifier (ASI) available to the 91W is M3, Renal Dialysis Technician. Upon completion of the required training, the 91W is awarded the ASI of M3 and assigned to work as a member of a dialysis team or unit. All dialysis related duty positions are found in the MEDCENs.

c. For additional SQI or ASI options, refer to Army Regulation 611-201.

1-17. CONCLUSION

In this lesson, we have looked at the AMEDD and the role of the M6 practical nurse within the AMEDD. U.S. Army practical nurses are unique individuals with varied levels of training, education, and experience. Duty assignments take the M6 practical nurse from CONUS to overseas and from the MEDCEN to the field. The M6 practical nurse plays a part in providing health service support in all areas of the AMEDD.

Continue with Exercises

EXERCISES, LESSON 1

INSTRUCTIONS. Complete the statements in the following exercises. After you have completed all statements in the exercises, turn to "Solutions to Exercises" at the end of this lesson and check your answers.

1. The mission of the Army Medical Department is to ________________________

   ____.

2. During peace time, preparations are made for ___________________________

   ____.

3. The four major functions of the AMEDD are:

   ____.
   ____.
   ____.
   ____.

4. Patients evacuated from the theater of operations and expected to return within 60 days are admitted to _______________________hospitals. Patients requiring long term care are admitted to _____________________________hospitals and civilian hospitals participating in the National Disaster Medical System.

5. Combat health support (CHS) is arranged in ___________________________ of care.

6. Unit level medical care is ____.

7. At ___________________ level, the casualty is examined, his wounds and general

   status are evaluated to determine his priority for continued evacuation to the rear, emergency care/resuscitation is continued, and urgent surgery is performed if necessary.

8. The CSH is a ________________________ level hospital.

9. The GH and FH are _______________________ level hospitals.

10. A major duty of the M6 practical nurse is to perform _____________________, ________________________, and ________________________ nursing care procedures.

11. Duties of the M6 practical nurse also involve management of ________________ ______________________________ and _______________________________.

12. At each higher grade and skill level, the M6 practical nurse assumes more ____ and spends less time in ____ .

13. In addition to being proficient in providing practical nursing care, the M6 must demonstrate proficiency in ____ and exercising the ____.

14. Two areas of specialization available to the M6 practical nurse are ___________________________ and __________________________________ .

Check Your Answers on Next Page

SOLUTIONS TO EXERCISES, LESSON 1

1. Maintain the health of the Army and conserve its fighting strength. (para 1-1b)

2. Health support of the Army in time of war, international conflict, or natural disaster. (para 1-1b)

3. Selection of fit personnel for military service.
   Prevention of unnecessary health hazards.
   Medical treatment of the sick and injured.
   Evacuation of patients. (paras 1-1b(1), (2), (3), (4))

4. DOD tri-service hospitals; Veterans Administration hospitals. (para 1-8a)

5. Levels or echelons. (para 1-4b)

6. Initial emergency medical treatment. (para 1-5a)

7. Division. (para 1-6b)

8. Corps. (para 1-7a)

9. COMMZ. (paras 1-7b(1)(a), (b))

10. Preventive; therapeutic; emergency. (para 1-12)

11. Other paraprofessional personnel; ward or unit operations. (para 1-12)

12. Supervisory and managerial responsibility; direct patient care. (para 1-13)

13. Common soldier tasks; principles of military leadership. (para 1-12)

14. Instructor; dialysis technician. (paras 1-16a, b)

END OF LESSON 1

LESSON ASSIGNMENT

LESSON 2 The M6 Practical Nurse Course.

LESSON ASSIGNMENT Paragraphs 2-1 through 2-7.

LESSON OBJECTIVES After completing this lesson, you should be able to:

2-1. State the purpose of the M6 Practical Nurse Course.

2-2. State the objectives of the M6 Practical Nurse Course.

2-3. Describe the content of the M6 Practical Nurse Course.

SUGGESTION After reading and studying the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

LESSON 2

THE M6 PRACTICAL NURSE COURSE

2-1. COURSE PURPOSE

The purpose of the Practical Nurse Course is to prepare qualified Army Medical Department enlisted personnel to provide basic practical nursing care in a variety of settings during peacetime and mobilization. Students are expected to achieve entry-level practical nursing competencies for medical-surgical nursing, obstetrics, newborn, and pediatric nursing. Students are also introduced to the role and functions of the Department of the Army practical nurse as a soldier and noncommissioned officer.

2-2. TERMINAL LEARNING COURSE OBJECTIVES

Upon completion of the Practical Nurse Course, the soldier will have been trained in a variety of skills in many different subject areas. This learning experience can be summed up in several terminal learning course objectives that the soldier will meet upon completion of the course. The Practical Nurse Course graduate will do the following.

a. **Phase I**.

(1) Identify principles of basic-level anatomy, physiology, microbiology, and nutrition.

(2) Perform basic-level pharmacological calculations.

b. **Phase II**.

(1) Administer safe and effective beginning-level practical nursing care in a variety of health care settings during peacetime and war.

(2) Demonstrate the ability to integrate the knowledge of drug therapy into nursing practice.

(3) Demonstrate effective oral and written communication skills in the health care setting.

(4) Display the ability to function effectively as a team member and team leader.

(5) Identify the basic principles of field nursing.

2-3. TRAINING SEQUENCE

The Practical Nurse Course is a 52-week training program conducted in two phases. Phase I is 6 weeks in length and is conducted at the U.S. Army Academy of Health Sciences (AHS), Fort Sam Houston, Texas,. Phase II is 46 weeks in length and is conducted at one of five designated medical treatment facilities in the continental United States (CONUS). Phase II sites are:

a Brooke Army Medical Center, Fort Sam Houston, Texas.

b. Dwight D. Eisenhower Army Medical Center, Fort Gordon, Georgia.

c. Walter Reed Army Medical Center, Washington, DC.

d. Madigan Army Medical Center, Fort Lewis, Washington.

e. William Beaumont Army Medical Center, Fort Bliss, Texas.

2-4. CURRICULUM

a. **Phase I**.

(1) Orientation to the practical nurse course. During orientation, an assessment of the student's academic knowledge will be completed. Academic confidence training and instruction in techniques of effective learning is given in order to enhance learning potential. An overview of practical nursing discusses organizations and publications for practical nurses and the history and trends of practical nursing. The standards of nursing practice and the duties and responsibilities of the practical nurse are discussed with the role of the practical nurse as a member of the health care team. Some of the many career opportunities for practical nurses are also presented to the student.

(2) Basic sciences for practical nurses. An introduction to the basic sciences for practical nurses is presented. Topics included are nursing and medical terminology, nutrition, anatomy and physiology, microbiology, pharmacology, and pharmacological mathematics.

b. **Phase II**.

(1) Medical-surgical nursing I. Basic practical nursing skills are learned in an integrated classroom and clinical experience approach. Basic nursing competencies are practiced on medical and surgical nursing units, to include the care of geriatric and pediatric patients.

(2) Medical-surgical nursing II. Basic medical-surgical nursing skills and knowledge are expanded with classroom and clinical instruction in the nursing care of a patient with problems in various body systems, to include musculoskeletal, blood and blood forming, cardiovascular, respiratory, gastrointestinal, nervous, and endocrine systems.

(3) Medical-surgical nursing III. Students receive theoretical instruction and clinical experience in the delivery of practical nursing care to adult patients with cancer, reproductive disorders, and mental illness. Nursing care related to obstetrics is included.

(4) Field nursing. Instruction and performance oriented training in the administration of emergency care and first aid to combat casualties is presented in classroom and field settings. Training is given in the protection of self and subordinates when operating in a nuclear-biological-chemical contaminated environment.

(5) State Board Examination preparation and outprocessing. A review of major content areas, administration of achievement tests, and group study prepares the student for the Practical Nurse Licensure Examination. During this module, outprocessing is accomplished and the students are assisted with permanent change of station (PCS) to their follow-on assignment.

2-5. DIDACTIC ACHIEVEMENT EVALUATION

The student's didactic (theory) achievement will be measured by the administration of a series of written examinations in the major didactic subject areas. Each examination question is multiple-choice in nature and is keyed to the lesson plan objectives.

2-6. CLINICAL ACHIEVEMENT EVALUATION

The student's achievement in clinical performance training will be graded pass/fail, based upon the performance of a series of tasks related to the different clinical subject areas. At the beginning of each clinical rotation, the student will receive a list of objectives for that particular clinical area. The student must successfully accomplish those objectives during the time allotted for that clinical rotation. The clinical areas include the following:

a. Medical-surgical ward.

b. Intensive care unit.

c. Recovery room.

d. Pediatrics.

e. Obstetrics.

f. Newborn nursery.

g. Clinics.

2-7. OTHER REQUIREMENTS

In addition to passing the clinical and didactic portions of the Practical Nurse Course, the student is required to meet height and weight standards in accordance with regulation. A diagnostic Army Physical Fitness Test (APFT) will be conducted during Phase I. The APFT for record will be conducted near the end of Phase II. Students who fail to pass the APFT for record will not graduate and will not receive a diploma.

Continue with Exercises

EXERCISES, LESSON 2

INSTRUCTIONS. Complete the statements in the following exercises. After you have completed all statements in the exercises, turn to "Solutions to Exercises" at the end of this lesson and check your answers.

1. One purpose of the Practical Nurse Course is to train personnel to provide basic practical nursing care during__________________________ and __________________________________.

2. Another purpose of the Practical Nurse Course is to introduce personnel to the role and functions of the U.S. Army practical nurse as ____________________________ and ____.

3. A Practical Nurse Course graduate will be able to identify principles of basic-level ______________________________, ____________________________________, ______________________________, and _________________________________.

4. The Practical Nurse Course graduate will be able to administer beginning-level practical nursing care during __________________________ and _______________.

5. The Practical Nurse Course graduate will be able to function effectively as a team __________________________ and a team _______________________________.

6. The Practical Nurse Course is a 52-week program conducted in _______ phases.

7. During the clinical phase of training in the Practical Nurse Course, students receive a list of ________________________________ to accomplish for each clinical area.

8. To graduate from the Practical Nurse Course, the soldier must meet __________________________ and __________________________ standards and pass the ____.

Check Your Answers on Next Page

SOLUTIONS TO EXERCISES, LESSON 2

1. Peacetime; mobilization. (para 2-1)
2. Soldier; noncommissioned officer. (para 2-1)
3. Anatomy; physiology; microbiology; nutrition. (para 2-2a(1))
4. Peacetime; war. (para 2-2b(1))
5. Member; leader. (para 2-2b(4))
6. Two. (para 2-3)
7. Objectives. (para 2-6)
8. Height; weight; Army Physical Fitness Test (APFT). (para 2-7)

END OF LESSON 2

LESSON ASSIGNMENT

LESSON 3	Duties and Responsibilities of the M6 Practical Nurse.
LESSON ASSIGNMENT	Paragraphs 3-1 through 3-13.
LESSON OBJECTIVES	After completing this lesson, you should be able to:
	3-1. Identify the clinical duties and responsibilities of the M6 practical nurse.
	3-2. Identify the managerial duties and responsibilities of the M6 practical nurse.
SUGGESTION	After completing the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

LESSON 3

DUTIES AND RESPONSIBILITIES OF THE M6 PRACTICAL NURSE

Section I. CLINICAL DUTIES AND RESPONSIBILITIES OF THE M6 PRACTICAL NURSE

3-1. INTRODUCTION

The M6 practical nurse performs or supervises preventive, therapeutic, and emergency nursing care procedures under the supervision of a physician, nurse, or senior NCO. The recipients of this care include infants, children, adolescents, active duty soldiers, retirees, and civilian emergencies. All have different health care needs, and the practical nurse must be able to provide the nursing care related to those needs. Flexibility is a necessity when expected to provide care to all these categories of patients. Additionally, the practical nurse must be able to adapt that clinical ability to various settings and situations, including the field environment. The first step in providing health care is to determine the needs of the patient. All the nursing care needs of the patient may be determined and fulfilled by a logical application of four easy steps--assessment, planning, implementation, and evaluation.

3-2. ASSESSMENT

a. In order to provide nursing care, one must first determine the needs of the patient. Patient needs vary in relation to the illness or injury, the age and overall physical condition of the patient, the support or nonsupport of the patient's family and friends, the mental status of the patient, and the length of time expected for recovery. These are the most significant of the many variables involved. All the information and medical data obtained will be applied to a general assessment of the patient's needs. The practical nurse supports the professional nursing staff in the assessment of nursing care needs by:

(1) Using basic communication skills in the patient care setting, interacting with the patient and his family to obtain subjective information relative to the patient's condition.

(2) Obtaining objective data from the patient through observation and goal-directed interviews.

(3) Participating in the identification of physical, emotional, spiritual, cultural, and learning needs of the patient through data collection.

(4) Determining the significance of the data collected in relation to the patient's pathophysiology.

b. Once the specific needs of the patient have been identified, the health care team members go to the next step, which is the planning phase.

3-3. PLANNING

a. Once the needs of the patient have been identified, several questions must be asked by the health care team in order to develop the nursing care plan. A plan of care is goal-oriented, with short-term and long-term goals identified. When you have identified the needs of the patient in the assessment phase, you also begin to determine what the results of fulfilling those needs should be. Do you expect results on a short- or long-term basis? How, specifically, will those goals be achieved? What action will be taken, and by whom? What shall be done first, second, last, and so on? The practical nurse supports the professional nursing staff in the planning of nursing care by:

(1) Assisting the professional nurses in determining the nursing care priorities and planning the nursing care to be provided.

(2) Working with other team members to develop a written plan of care.

(3) Participating in the development of long-term and/or preventive health plans with the patient and his family.

b. After the patient's needs have been identified and the plan of care has been developed, the process of implementation begins.

3-4. IMPLEMENTATION

a. In order to participate in the implementation of the planned nursing care, the M6 practical nurse must be clinically proficient and capable of providing and/or supervising nursing care. This care includes basic nursing care procedures such as obtaining and interpreting vital signs, collecting blood specimens, and changing wound dressings. Nursing care also includes activities involved with patient comfort and safety such as bathing the patient, administering range-of-motion exercises, and application of restraints to a disoriented patient. Also within the scope of practical nursing duties is the administration of medications and intravenous therapy. The practical nurse must also be able to reinforce the teaching done by the professional staff. To achieve patient awareness and cooperation, it is necessary to explain the "how" and "why" of nursing care procedures. This is especially important if the patient will have continuing treatments, medications, or special instructions at home with little or no supervision from the health care team. With this clinical nursing proficiency, the practical nurse supports the professional nursing staff in the implementation of the planned nursing care by:

(1) Applying a working knowledge of patients' rights and protecting the rights and privacy of the patient and his family.

(2) Safely performing or supervising nursing care in the form of therapeutic and preventive procedures that have been specifically planned for each individual patient.

(3) Observing the patient and reporting significant findings to the health care team members as appropriate.

(4) Contributing to the development and reinforcement of health care teaching plans for patients and their family members.

(5) Maintaining current knowledge, skills, and certification necessary to provide quality care.

b. Providing appropriate nursing care to the patient is not the end of the M6 practical nurse's responsibility. The care being given must continually be evaluated for effectiveness.

3-5. EVALUATION

a. It is necessary to determine whether the care provided is appropriate and effective. Are the long- and short-term goals being achieved? What is the patient's physiological and psychological status now, in comparison to earlier? Would some other course of action be more beneficial or more significant? The nursing care plan must be continually evaluated and updated in response to the changes in the patient. If not, something significant may be overlooked and the course of recovery for the patient may be delayed. The practical nurse coordinates with and assists the professional nursing staff in the evaluation of nursing care by:

(1) Contributing to the identification of the strengths and weaknesses in the plan of nursing care.

(2) Communicating with the patient and his family to maintain awareness of the patient's feelings and condition.

(3) Observing the patient and documenting the information obtained through observation and communication.

(4) Seeking assistance in improving his own personal weaknesses if any are identified in the course of patient care.

b. As the nursing plan of care is evaluated, it will become necessary to periodically reassess the patient's needs and formulate a new plan to be implemented. This four step method of assessing, planning, implementing, and evaluating is a circular process of continued nursing care (see figure 3-1). This process can be utilized for developing all types of nursing care. This circular process is illustrated in the following situation.

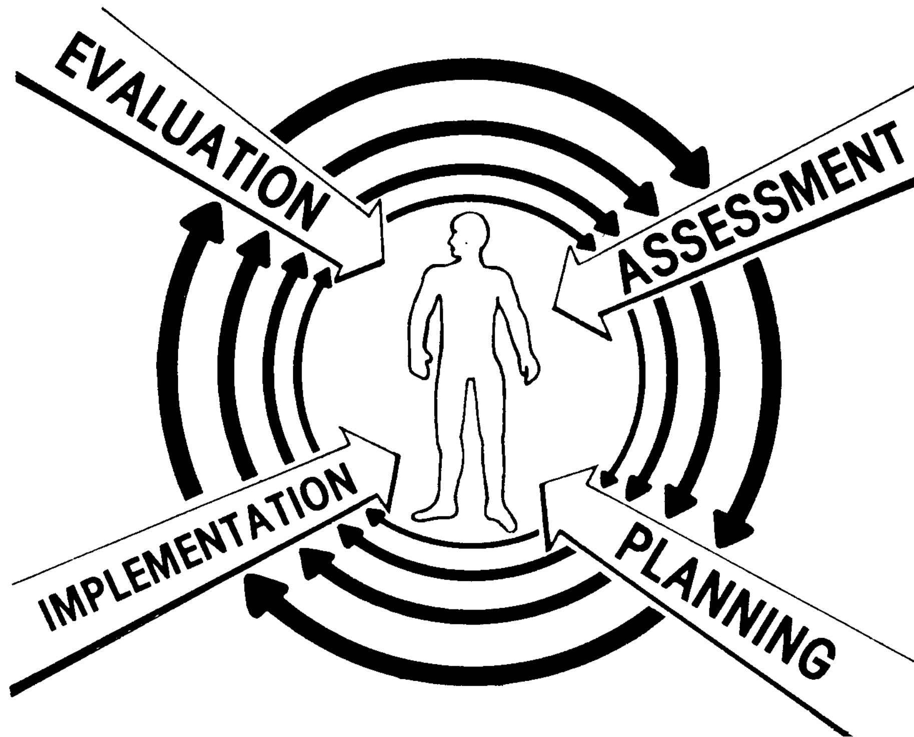


Figure 3-1. Circular process of nursing care.

3-6. ILLUSTRATION

a. You are a M6 practical nurse assigned to a surgical ward. It is 1630 hours, and the Emergency Department calls to inform the registered nurse (RN) in charge that the ward will be receiving an admission. Sergeant Jones, age 30, is admitted to the ward a short time later. His diagnosis is traumatic amputation and avulsion of a portion of the right foot. The injury occurred when Sergeant Jones accidentally entangled his foot in the blades of his power mower. You assist the RN in assessing Sergeant Jones. You find that he appears generally healthy and well nourished. He is alert and oriented, and his vital signs, although slightly abnormal, are stable. His skin is cool and clammy, his face pale. He has an intravenous infusion (IV) that is infusing well. The surgeon on duty removes the bulky dressing in order to evaluate the injury. You observe that the 4th and 5th toes are missing and that a portion of the lateral foot has been avulsed. The wound is slowly oozing blood. The surgeon decides to take Sergeant Jones to the operating room (OR) as soon as possible. He discusses the preparations with the RN in charge. As you are obtaining the preoperative laboratory specimens from Sergeant Jones, he tells you that he is extremely concerned about the welfare of his two small children, now waiting in the cafeteria with a neighbor. Sergeant Jones explains that his wife is on temporary duty (TDY) elsewhere and there is no one at home to care for the children while he is hospitalized. You relay this information to the RN, who is completing the assessment of Sergeant Jones. Based upon the assessment, the following needs have been identified. Sergeant Jones is stable, but must be closely

observed for shock. Surgical repair of the foot is necessary and Sergeant Jones must be prepared for surgery. There is also the need to alleviate his anxiety over the welfare of his children.

b. The nursing plan is to prepare Sergeant Jones for surgery, scheduled for one hour later. You will monitor him closely since a change in vital signs could indicate a change in his stable condition. While the RN begins the pre-operative arrangements for Sergeant Jones, you will call social services to arrange for someone to help Sergeant Jones with childcare. These are Sergeant Jones' immediate needs. Several projected needs have also been identified. As the wound is considered "dirty," there is an additional danger of infection for Sergeant Jones. The RN decides that it would be best to isolate Sergeant Jones in a private room post-operatively, and you begin to make the necessary preparations for the room. Additionally, Sergeant Jones will need the services of other activities. Physical therapy will be consulted for post-surgical rehabilitation. Since Sergeant Jones will most likely suffer a sense of loss and depression caused by the disfigurement of his foot, mental health services will be consulted.

c. The ward staff now begins to implement the plan. The surgical paperwork is prepared and placed in Sergeant Jones' chart. The RN accompanies the surgeon to Sergeant Jones' room to witness the surgical counseling and signing of the operative permit. Sergeant Jones' vital signs are taken every 15 minutes in order to monitor his status. Since the RN had assigned you the duty of passing medications for that shift, you prepare and administer the pre-op medication ordered by the physician. Social work services has sent a representative to the ward to assist Sergeant Jones and child care arrangements are made. A patient administration clerk is notifying Sergeant Jones' unit of his admission and will request that a representative of the unit come in the hospital to visit Sergeant Jones and assist him with his personal matters.

d. The staff evaluates the plan 45 minutes later and finds that Sergeant Jones' condition is stable and he is ready for surgery. The appropriate paperwork is completed and placed in the patient's chart. Social work services have arranged for Sergeant Jones' neighbor to care for the children until his wife can be notified and return from TDY. A private room has been prepared for Sergeant Jones to occupy following surgery. Pre-op blood and urine specimens have been sent to the lab. X-rays have been obtained from the radiology section and are ready to be sent to the OR with Sergeant Jones. The RN has completed pre-op counseling and teaching and you have taken Sergeant Jones through his first coughing and deep breathing exercises. Based upon this evaluation, it is determined that all of the initial short-term nursing care goals have been accomplished. As he is transported to the operating room, you are already preparing for Sergeant Jones' return, when a re-assessment must be done and a new plan implemented.

3-7. SUMMARY

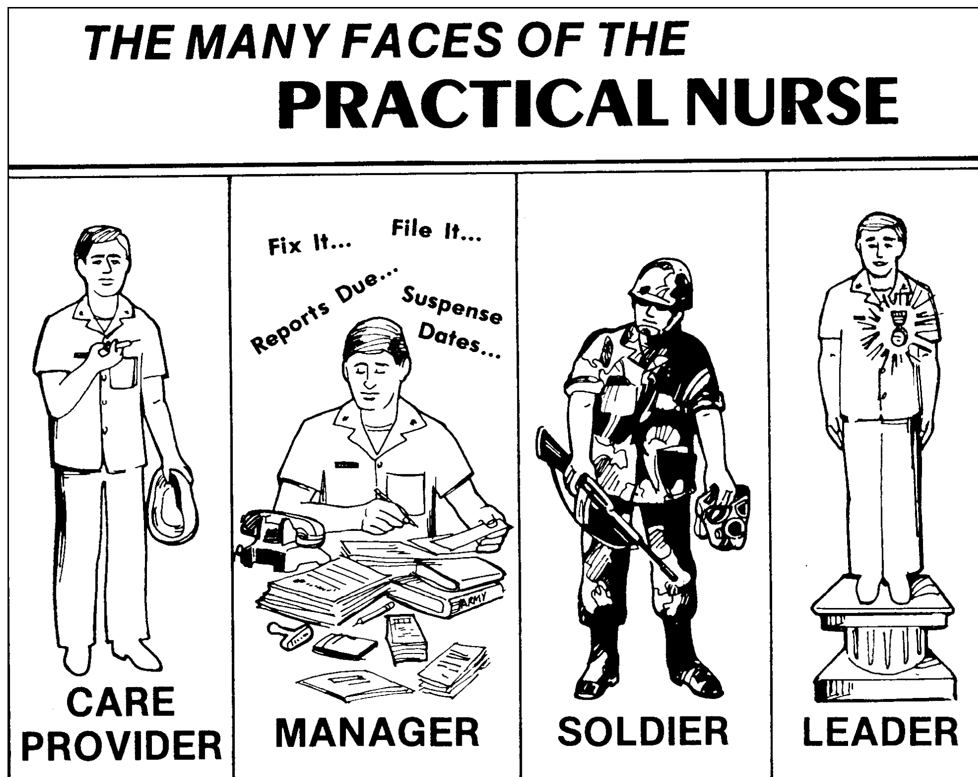
a. You can see that the clinical duties and responsibilities of the practical nurse involve much more than simply performing patient care tasks. In addition to having performance proficiency in nursing care tasks, the practical nurse must also maintain a strong knowledge base from which to work. The practical nurse must be a communicator, an observer, an interviewer, and a teacher. The M6 practical nurse must be able to interpret data, prioritize needs, and act appropriately to assist in the implementation of a plan of nursing care. Some patient needs may require the M6 practical nurse to think and act quickly to save life or limb, while other needs may require projecting ahead to the future. Most importantly, the practical nurse must be a team worker.

b. All these things are part of clinical practical nursing. The majority of the MOS related tasks performed by the practical nurse are clinical in nature; that is, they involve providing patient care. As a soldier advances to the next skill level, he assumes the responsibility for proficiency in more tasks. For the M6 practical nurse, the higher skill levels include not only more advanced nursing care, but managerial tasks as well. These tasks will be discussed in the next section of this lesson.

Section II. MANAGERIAL DUTIES AND RESPONSIBILITIES OF THE M6 PRACTICAL NURSE

3-8. INTRODUCTION

In addition to clinical proficiency and soldier skills, the practical nurse must learn to be an effective manager and leader (see figure 3-2). As rank increases, the M6 must maintain additional managerial and supervisory expertise. Clinical areas must be well managed in order to provide consistent quality care. Supplies and equipment must be maintained, and paperwork must flow smoothly. The needs of the patients and staff must be dealt with in a fair and professional manner. As with clinical skills, these managerial skills must be adaptable to different areas of assignment. Practical nurse management responsibilities can be categorized into three basic areas of concern: managing supplies and equipment, managing work center operations, and managing personnel.



3-9. MANAGING SUPPLIES AND EQUIPMENT

a. Managing supplies and equipment involves much more than keeping the storage area neat. The first priority in supply and equipment management is knowing how to procure the things that are needed. The procurement process involves several steps. First, requirements must be established. The practical nurse manager must maintain ward, clinic, or area readiness by knowing what supplies and equipment are needed for daily operations (to accomplish the mission). The next step is to requisition the supplies and equipment through the proper channels. In order to do this, the manager must have a working knowledge of the basics of the supply system. This does not mean you must be a logistics expert, but you do need to know where to look for information and whom to see for assistance. When the requested items arrive in your work place, they must be properly received, inspected, and stored. Additionally, supplies and equipment must be properly safeguarded against damage and loss, periodically inventoried and inspected, and properly issued for use. The practical nurse manager is responsible for the readiness of his or her area of responsibility.

b. Another part of supply and equipment management is maintaining the associated paperwork and records. Hand receipts must be kept up to date, budgets controlled, and supply documents noted and filed. Equipment found to be unserviceable must be turned in or sent for repair. As the manager, the practical nurse is responsible for accountability of supplies and equipment, whether used, disposed of, or sent for repair.

c. Maintenance and serviceability of equipment are also management responsibilities. Equipment must be checked for proper function, inspected for damage or leaks, calibrated, and tested on a regular basis. Local policy dictates what is to be done, but it is the responsibility of the enlisted manager to make sure that it does get done at the proper time and by the appropriate personnel. Much supply and equipment maintenance is done on the "user" level and, again, it is the responsibility of the enlisted manager to be certain that the individuals using the equipment are familiar with the correct procedures for its operation and maintenance.

3-10. MANAGING WORK CENTER OPERATIONS

Support of health care operations involves management of the work center itself, in day-to-day operations and in long range planning strategies. Readiness of personnel and equipment must be maintained for efficient operations. To sustain readiness, a paraprofessional in-service program must be developed and implemented. Individual progress and abilities of each subordinate must be tracked and documented. Time schedules and task assignment rosters must be prepared to support daily operations in the work place. The work center itself must be set up and maintained in a manner that allows for efficient operations. A ward, unit, or section SOP must be implemented and enforced in order to provide guidance and standardization for procedures. Periodic inspections must be conducted to ensure safety and cleanliness. The enlisted managers must be familiar with all aspects of operations in their section and act as "troubleshooters" when observing daily activities and operations.

3-11. MANAGING PERSONNEL

a. Of all the management skills required, the ability to effectively manage personnel is the most crucial and most difficult. When managing personnel, the M6 practical nurse is concerned with daily appearance and military bearing, attitude, job performance, and training needs. The manager must also be informed about the soldier's off-duty activities and behavior. Additionally, each soldier's first-line supervisor is responsible for overseeing the development of that individual into an effective and efficient soldier and future NCO. The practical nurse manager must be aware of the educational needs, performance capabilities, and personal goals of each subordinate worker, whether military or civilian. Taking the time and initiative to know your personnel as individuals will make managing them easier for you and communicating with you easier for them.

b. The following categories identify the responsibilities of the enlisted manager in the scope of personnel management. Listed under each area are only a few examples of the tasks performed by the practical nurse manager.

(1) Personal and professional development of the soldier.

(a) Recommend promotions, awards, and punitive actions.

(b) Counsel soldiers in their strengths and weaknesses and how each affects their duty performance.

(c) Ensure soldiers are utilized in their MOS.

(d) Ensure that required technical publications are available and utilized.

(e) Ensure that deserving soldiers attend appropriate service schools.

(f) Conduct professional development training.

(2) Individual training of the soldier.

(a) Educate soldiers in history and traditions of the service, military courtesy, drill and ceremonies, standards of conduct, personal hygiene, and standards for military bearing and appearance.

(b) Train enlisted personnel as effective team members.

(c) Train individual soldiers in their MOS/ASI skills.

(d) Train soldiers for survival on the battlefield.

(e) Train soldiers in common training tasks (CTT) and for self development tests (SDT).

(3) Accountability for squad/section/team.

(a) Know what soldiers are doing during duty hours.

(b) Know where all soldiers live and how to locate them.

(c) Know why soldiers are going to sick call or other appointments, how they are treated, and what the results are.

(d) Use squad/section/team as a unit to accomplish goals/objectives/mission.

(4) Military appearance and physical condition of the soldier.

(a) Make on-the-spot corrections for deficiencies in military appearance.

(b) Conduct physical training and enforce physical fitness standards.

(c) Assist personnel with physical training problems.

(d) Enforce and appearance standards.

(e) Train soldiers how to properly maintain and wear uniforms and equipment.

(5) Physical and mental well-being of the soldier and the family.

(a) Know where and how soldiers live.

(b) Know soldiers' family situations and provide assistance if needed.

(c) Inform soldiers of services available to them and their families through the military.

(d) Visit soldier support activities and ensure that they are acting in the best interest of the soldiers.

(e) Visit soldiers and family members who are sick and provide needed assistance.

(f) Refer soldiers for medical assistance when necessary.

(6) Supervision, control, and discipline.

(a) Conduct counseling and maintain counseling records.

(b) Support actions of subordinate NCO leaders.

(c) Educate personnel on the Uniformed Code of Military Justice (UCMJ).

(d) Recommend punitive action through appropriate channels.

(e) Conduct remedial training when required.

(f) Use the chain of command and appropriate supporting channels.

(g) Listen and respond to soldiers' suggestions and complaints.

(h) Support and explain reasons for current policies to the soldiers.

(i) Instill the feeling of unit pride, integrity, and loyalty.

(j) Supervise the execution of established policy.

(7) Maintain established standards of professionalism and performance.

(a) Conduct special training to resolve areas of training weakness.

(b) Train subordinates to meet, and then exceed, standards.

(c) Provide up-to-date information for all levels of training (CTT/SDT).

(d) Set the example, so that subordinates can see the professional NCO in action.

(8) Demonstrate proficiency in and teach leadership traits.

(a) Professional ethics.

(b) Technical competence.

(c) Tactical competence.

(d) Communicating.

(e) Supervising.

(f) Counseling.

(g) Management ability.

(h) Planning ability.

(b) Decision-making ability.

(b) Soldier-team development ability.

3-12. SUMMARY

In the role of enlisted leader, the M6 practical nurse manager must remember that he is responsible for the development of subordinate personnel. Therefore, when teaching, strive to teach excellence. When leading, lead by example. Only by demonstrating personal and professional excellence can the practical nurse manager motivate subordinates to develop competence, commitment, and integrity. The practical nurse must demonstrate both candor and tact when dealing with people. The practical

nurse must be decisive, having the knowledge, initiative, and self-confidence to perform in a professional manner. The practical nurse must maintain enthusiasm and humor in the face of even the most unpleasant or demoralizing situations. By maintaining professional bearing and demonstrating these qualities, the practical nurse manager will influence other soldiers to do the same.

3-13. CLOSING

This subcourse has introduced you to the many aspects of U.S. Army practical nursing. In order to be a competent M6 practical nurse, you must first have an understanding of the mission of the Army Medical Department and your role in helping to accomplish that mission. You must also be aware of, and proficient in, your duties and responsibilities, not only as a practical nurse, but also as a soldier in the United States Army. Only then will you be able to fulfill the challenging role of a U.S. Army practical nurse.

Continue with Exercises

EXERCISES, LESSON 3

INSTRUCTIONS. Complete the statements in the following exercises. After you have completed all statements in the exercises, turn to "Solutions to Exercises" at the end of this lesson and check your answers.

1. The practical nurse performs or supervises ____________________________, ____________________, and _______________________ nursing care procedures.

2. The first step in providing health care is to ____________________________.

3. A plan of care is _____________________ -oriented, with both long- and short-term ____.

4. The practical nurse supports the implementation of the planned nursing care by contributing to the development and reinforcement of ____ plans.

5. The practical nurse assists with the evaluation of nursing care by _______________ the patient and ___________________________________ information.

6. Nursing care is a continuous, ____ process of _____________________ , _____________________ _____________________, and _____________________ .

7. The ____ must be evaluated and updated in response to changes in the patient.

8. During evaluation, the nursing staff must determine whether the care provided is _______________________________ and _______________________________.

9. Management responsibilities can be categorized into the three basic areas of managing _____________________, ___________________________________ , and ____.

10. In addition to clinical proficiency and soldier skills, the practical nurse must learn to be an effective ________________________ and _________________________.

Turn Page for Self-Test

SOLUTIONS TO EXERCISES, LESSON 3

1. Preventive; therapeutic; emergency. (para 3-1)
2. Determine the needs of (assess) the patient. (paras 3-1, 3-2a).
3. Goal; goals. (para 3-3a)
4. Health care teaching. (para 3-4a(4))
5. Observing; documenting. (para 3-5a(3))
6. Circular; assessing; planning; implementing; evaluating. (para 3-5b; fig. 3-1)
7. Nursing care plan. (para 3-5a)
8. Appropriate; effective. (para 3-5a)
9. Personnel; supplies and equipment; work center operations. (para 3-8)
10. Manager; leader. (para 3-8)

END OF LESSON 3

COMMENT SHEET

SUBCOURSE MD0910 INTRODUCTION TO PRACTICAL NURSING EDITION 100

Your comments about this subcourse are valuable and aid the writers in refining the subcourse and making it more usable. Please enter your comments in the space provided. ENCLOSE THIS FORM (OR A COPY) WITH YOUR ANSWER SHEET **ONLY** IF YOU HAVE COMMENTS ABOUT THIS SUBCOURSE..

FOR A WRITTEN REPLY, WRITE A SEPARATE LETTER AND INCLUDE SOCIAL SECURITY NUMBER, RETURN ADDRESS (and e-mail address, if possible), SUBCOURSE NUMBER AND EDITION, AND PARAGRAPH/EXERCISE/EXAMINATION ITEM NUMBER.

PLEASE COMPLETE THE FOLLOWING ITEMS:

(Use the reverse side of this sheet, if necessary.)

1. List any terms that were not defined properly.

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2. List any errors.

paragraph error correction

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3. List any suggestions you have to improve this subcourse.

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